MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/347,112

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51			/				
2		/					52		/					
3		/					53	/						
4		/					54	/						
5		/					55	/						
6		/					56		/					
7		/					57		/					
8		/					58		/					
9		/					59		/					
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19		/					69		/					
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26		/					76							
27		/					77							
28		/					78							
29	/						79							
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31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44	/						94							
45		/					95							
46		/					96							
47		/					97							
48	/						98							
49	/						99							
50							100							
TOTAL IND.							TOTAL IND.	10						
TOTAL DEP.							TOTAL DEP.	65						
TOTAL							TOTAL	75						